

## BEST AVAILABLE COPY

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</b>						SERIAL NO.	FILING DATE	
						09/830689		APPLICANT(S)
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/	/	/	/	/			
2	/	/	/	/	/			
3	/	/	/	/	/			
4	/	/	/	/	/			
5	8	8	8	8	8			
6	8	8	8	8	8			
7	8	8	8	8	8			
8	8	8	8	8	8			
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
38								
39								
40								
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								
TOTAL IND.	2		2					
TOTAL DEP.	6		6					
TOTAL CLAIMS	8		8					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS